

Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, Virginia 23219

http://www.dmas.state.va.us

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance Programs

FROM: Gregg A. Pane, MD, MPA, Director MEMO: Special

Department of Medical Assistance Services (DMAS)

DATE: 5/10/2011

SUBJECT: 2011 General Assembly of Virginia Appropriation Act - 300H-Electronic Participation

with Virginia Medicaid

The purpose of this memorandum is to notify participating providers of DMAS' plan to implement item #300H of the 2011 General Assembly Appropriation Act - 300H requires that all new providers bill claims electronically and receive reimbursement via Electronic Funds Transfer (EFT) no later than October 1, 2011. Item #300H also requires existing Medicaid providers to transition to electronic billing and receive reimbursement via EFT no later than July 1, 2012. The Department of Medical Assistance Services (DMAS) will conduct a phased-in approach to this mandate to require newly enrolled providers to sign up for EFT and bill electronically once approved for participation with Virginia Medicaid starting July 1, 2011. Existing providers are encouraged to begin to transition to electronic participation any time after August 1, 2011.

In support of this mandate DMAS will implement several new enhancements to the Virginia Medicaid Web Portal on June 6, 2011. DMAS will launch Direct Data Entry (DDE) of Claims, Provider Profile Maintenance, and Blast Email. These enhancements are intended to simplify the claims submission process, improve efficiency and claims processing times, lower costs for both the Commonwealth of Virginia and the Medicaid provider community; and expand and enhance our provider communications.

Direct Data Entry (DDE) of Claims

DMAS will implement a Web-based DDE of claims solution beginning June 6, 2011 that will allow for electronic claim submission at no cost to registered providers. Once implemented, DDE will allow submission of professional (CMS-1500) and institutional (UB-04) claims directly to DMAS. Effective June 6, 2011, providers can submit a UB-04, CMS-1500 or UB-04 Institutional Medicare Part A Crossover claim via DDE using the Virginia Medicaid Web Portal rather than a paper claim. The DDE process can be utilized for the submission of claims by entering the information at the required locators as detailed in the billing instructions within the provider manuals. Providers will have the ability to create a new initial claim, as well as requesting an adjustment or a void through the DDE process. Registration into the Virginia Medicaid Web Portal is required to access and use DDE of claims. Information on how to register can be found below. The benefits of DDE include:

- No cost to the provider.
- Elimination of data entry errors by Virginia Medicaid.
- Real time confirmation of successful submission.
- Claims submitted by 5:00 p.m. each day can be viewed the next day.

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- Ability to create and save a template to be accessed for repetitive claim submissions.
- Saves provider and taxpayer dollars.
- Allows DMAS to move towards a paperless claims system.

Training and Education Assistance

DMAS will be offering training on the Direct Data Entry (DDE) Process for submission of the CMS-1500 and the CMS-1450 (UB-04) to all interested providers. The trainings will be held beginning June 1, 2011 statewide in order to make the training accessible to all who wish to attend. Providers may register for these sessions by going to http://dmas.webex.com. Select the tab labeled UPCOMING to view the scheduled training. Click Register to the right of the session you wish to attend and follow the registration instructions. The trainings are scheduled as follows:

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June 1, 2011 – Richmond-United Methodist Family Services
June 2, 2011 – VA Beach-VA Beach Central Library
June 8, 2011 – Abingdon-VA Highlands Community College
June 9, 2011 – Roanoke-VA Western Community College
June 15, 2011 – Winchester-Shenandoah University
June 16, 2011 – Fairfax-Fairfax County Government Center
June 22, 2011 – Danville-Danville Regional Medical Center
June 28, 2011 – Staunton/Verona-Augusta Government Center
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For detailed information regarding training locations and directions to each site please visit <u>Current and Upcoming Training Events</u> on the DMAS website at http://dmasva.dmas.virginia.gov/Content_pgs/ln-home.aspx.

Q&A Sessions via WebEx

In addition to the trainings listed above, DMAS will offer live WebEx Q&A sessions. During these sessions DMAS staff will be available to address any questions and/or concerns you have regarding DDE. You may register for **Direct Data Entry (DDE) Q&A** with the same registration instructions given above. The sessions are scheduled as follows:

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June 6, 2011 – 1:30-2:30 p.m. and 3:00-4:00 p.m. June 13, 2011 – 1:30-2:30 p.m. and 3:00-4:00 p.m. June 20, 2011 – 1:30-2:30 p.m. and 3:00-4:00 p.m. June 27, 2011 – 1:30-2:30 p.m. and 3:00-4:00 p.m. July 1, 2011 – 1:30-2:30 p.m. and 3:00-4:00 p.m.
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DMAS has developed multiple tools to assist providers in the submission of their DDE claims. A DDE User Guide, tutorial and FAQ's can be accessed from our web portal at www.virginiamedicaid.dmas.virginia.gov.

In addition, you can view a recorded training session 24/7 at http://dmasva.dmas.virginia.gov/Content_pgs/ln-home.aspx. The purpose of these tools is to assist and educate providers on the required information for each type of claim. Using and referencing these tools during the DDE claim submission process will decrease errors in submission; ensure claims are processed the same day, decrease processing time and expedite payment to the provider.

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Electronic Claims Submission, Remittance Advices and Electronic Funds Transfer (EFT)

Effective July 1, 2011, all newly enrolled, fee-for-service providers must transact business with Virginia Medicaid electronically. Beginning August 1, 2011 all currently active providers are encouraged to begin transitioning to DDE and EFT. <u>All providers</u> must comply with these new electronic submission requirements by July 1, 2012, unless you have been granted a good cause exception to participate. Good cause exceptions may include, but are not limited to; the unavailability of the internet access necessary to support electronic claims submission in the provider's geographic region, no mechanism for electronic submission for the particular claim type, such as in the case of a Temporary Detention Order (TDO), or for financial hardship of the provider.

If you are not currently set up to submit claims electronically, receive electronic remittance advices, or receive payments via EFT, the ACS Provider Enrollment Unit is available to assist you. For more information go to www.virginiamedicaid.dmas.virginia.gov or call the ACS Provider Enrollment Services unit at 888-829-5373.

Provider Profile Maintenance (PPM)

Provider Profile Maintenance (PPM) allows providers to view and make changes to their provider information within our Medicaid Management Information System (MMIS) in real time transactions. PPM functionality allows authorized users the ability to access and update provider demographic information such as phone numbers, email address, contact person and more for their provider's servicing, correspondence, remittance and pay-to address information through an easy and secure Web-based process. Additionally, users with the authorization to update servicing provider information for a group practice will be able to make updates to all of the servicing providers within their group practice. The data contained in PPM reflects what is currently captured in the MMIS. For more information on PPM visit our Web Portal Training Library at www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderTrainingLibrary

Blast Email

DMAS will launch a new "blast email" system as a way to communicate more efficiently with our provider network and reduce costs of disseminating information via the US postal service. This new blast email capability will enable DMAS to send important program and policy updates to the email address you provided when enrolling to participate with Virginia Medicaid or at any time you update through the Virginia Medicaid Web Portal. If you have not already received an email from DMAS announcing this new functionality, please update your email address information via the aforementioned Provider Profile Maintenance tool at www.virginiamedicaid.dmas.virginia.gov.

First Time Registrations to the new Virginia Medicaid Web Portal

In order to gain access to these new enhancements, you must be registered in the Virginia Medicaid Web Portal. If you have not already registered for access to the Virginia Medicaid Web Portal, you may do so by visiting the site at www.virginiamedicaid.dmas.virginia.gov and establishing a user ID and password. By registering, you are acknowledging that you are the staff member who will have administrative rights for your organization. If you have any questions regarding the registration process, please refer to the Web registration reference materials available on the Web Portal. If you need further assistance, please contact the ACS Web Registration Support Call Center, toll free at 1-866-352-0496, from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering Internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below:

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Passport Health	SIEMENS Medical Solutions –	Emdeon
Communications, Inc.	Health Services	www.emdeon.com
www.passporthealth.com	Foundation Enterprise Systems/HDX	Telephone:
sales@passporthealth.com	www.hdx.com	1 (877) 363-3666
Telephone:	Telephone:	
1 (888) 661-5657	1 (610) 219-2322	

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.